

## Declaration for Utility or Design Patent Application

As a below-named inventor, I hereby declare that my residence, post office address, and citizenship are as stated below next to my name and that I believe that I am the original, first, and sole inventor [if only one name is listed below] or an original, first, and joint inventor [if plural names are listed below] of the subject matter which is claimed and for which a patent is sought on the invention, the specification of which is attached hereto and which has the following title:

"METHOD FOR CONVERTING UNITS OF MEASUREMENT"

I have reviewed and understand the contents of the above- identified specification, including the claims, as amended by any amendment specifically referred to in the oath or declaration. I acknowledge a duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, Section 1.56(a).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code, Section 1001, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Please send correspondence and make telephone calls to the First Inventor below.

Signature: Sole/First Inventor: Todd E. Watson

Print Name: Todd E. Watson Date: 2001 March 24

Legal Residence\*: West Warwick, Rhode Island Citizen of: United States

Post Office Address: 123 Prospect Hill Avenue

Telephone: (401) 821-6546

Signature: Joint/Second Inventor: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Residence\*: \_\_\_\_\_ Citizen of: \_\_\_\_\_

Post Office Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

\*City and state, county and state or city, state and country, if foreign.